U.S Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

1 File Number U-

3 Name and address of person filing

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2008

This report is mandatory under P L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

A FAD THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From.

0 / 0 / 0 / Through /2 /3 / 0 / 4 Name, file number, and address of labor organization

Name Stephen J. Schweders.	Name Foral 64 Carpenters Union
	Labor Organization File Number 0/3 460
P O Box, Bidg., Room No , if any	P.O. Box, Building and Room Number, if any
Street 8538 E Blue Rived.	street 4017 Dixie Highway
city Pekin	City Lon.
State IN. ZIP Code + 4 47/45	State 14. ZIP Code + 4 40 216
5 Position in labor organization. Recording Sec	· - · · · · · · · · · · · · · · · · · ·
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	Pay for Officer Position of
Trade Name, if any:	REOR ding SECRATARY
P.O. Box, Bidg , Room No., if any	7.b. Amount
Street	
City	\$1,204.60
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Pertury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	
Signed Styphen Selman	- on 8-15-05 (502) 448-3868
	Date Telephone Number
Form LM-30 (2003)	

	
Name of Person Filing	File Number U-
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8 Name and address of Business (including trade name, if any) Name KENTUCKY STATE DISTRICT COUNC! OF CARPENTER'S J.A.T. C Trade Name, if any PO Box, Bldg, Room No, if any Street HOIT Dixie Highway City Law. State Ky. ZIP Code + 4 HO21	9 Business deals with a Labor Organization & O C A 6 4 b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name	P II TONING
	BrouidEs Training
Trade Name, if any	
PO Box, Bldg , Room No , if any	
Street	11 b Approximate dollar value of such dealing VAC4 5
City	12 a Nature of interest held or income received
State ZIP Code + 4	COMPENSATION WASES & BENEFIT
	RECIEUED AS Employee of fund
	12 b Amount # 49, 556.00
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment
Name	
Trade Name, if any	

14 b Amount of payment

Street

City

State

P O Box, Bldg , Room No , if any

13 b Is the Business an Employer

ZIP Code + 4

or Consultant

?